



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Tel: 617-973-0800
TTY : 617-973-0988
Fax : 617-973-0986
www.mass.gov/dph/boards

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

February 5, 2015

BY CERTIFIED MAIL NO. 7014 0510 0001 0375 4804 & First Class Mail

Elaine Reall, Esq.
Reall, Lucentini & Lucentini LLP
20 Hampton Street, Suite 160
Northampton, MA 01060

RE: *In the Matter of Angela Boyle RN/NP*, License No. 214343
Board of Registration in Nursing, Docket No. NUR-2013-0175

Dear Ms. Reall:

The Board of Registration in Nursing (Board) has now signed the Non Disciplinary Consent Agreement Not to Practice Due to Medical Incapacity ("Agreement") of Ms. Boyle's license to practice as a Registered Nurse/Nurse Practitioner, and her right to renew said license. She has agreed to enter into the Agreement with the Board in connection with complaint Docket No. NUR-2013-0175.

Enclosed please find a fully executed original Agreement for your client's records. A copy of this Agreement is also being sent to you by first class mail.

Thank you for your cooperation in this matter.

Yours truly,

Patricia M. Blackburn
Prosecuting Counsel

Enc.

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING



In the Matter of **Angela Boyle**
License No. RN/NP 214343
License Expires 10/11/2016

I do hereby certify the foregoing to be a true and
certified copy of the document on file with the
Massachusetts Board of Registration in Nursing.

Docket No. NUR-2013-0175

[Signature]
Authorized Signature

3/3/15
Date

**NON-DISCIPLINARY CONSENT AGREEMENT NOT TO PRACTICE
DUE TO MEDICAL INCAPACITY**

The Massachusetts Board of Registration in Nursing ("Board") and Angela Boyle ("Licensee"), a Registered Nurse ("RN") licensed by the Board, with authorization to practice as an Advanced Practice Registered Nurse, a Nurse Practitioner ("NP")(collectively "RN/NP"), License No. RN/NP 214343, do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Licensee's record maintained by the Board:¹

1. The Licensee acknowledges that a complaint has been filed with the Board against her Massachusetts RN/NP license ("License"), identified as Docket No. NUR-2013-0175 ("Complaint").²
2. The Licensee admits that this Non-Disciplinary Consent Agreement Not to Practice Due To Medical Incapacity ("Agreement") is entered into in resolution of the Board's investigation of the above-referenced Complaint.
3. The Licensee agrees that the date on which the Board signs this Agreement is its Effective Date and that the Agreement is non-disciplinary until and unless the Board takes action pursuant to Paragraph 10 of the Agreement.

¹ All references to the Licensee's license to practice nursing include both her license to practice as a Registered Nurse and her authorization to practice as an Advanced Practice Registered Nurse.

² The term "license" applies to both a current license and the right to renew an expired license.

Angela Boyle (RN/NP 214343)

Docket No. NUR-2013-0175

4. The Licensee agrees that if this matter proceeded to hearing, the Board could find that on various dates on or about August 2013, while employed by Cooley Dickinson Hospital in Northampton, Massachusetts, the Licensee violated the Board's Standards of Conduct at 244 CMR 9.03(5), (36) and (47) due to a medical condition.
5. The Licensee agrees that she shall comply with all of the following requirements to the Board's satisfaction:
 - a. The Licensee will not practice as an RN/NP in Massachusetts after the Effective Date of this Agreement.³
 - b. The Licensee will NOT renew her nursing license.
 - c. The Licensee will notify the Board in writing within ten (10) days of any change of her name and/or address.
6. The Board agrees that in return for the Licensee's execution of this Agreement, *a non-disciplinary action*, it will not prosecute the Complaint. The Board and the Licensee agree that her Massachusetts nursing license status shall appear on the Board's web page as "Restrictions by Agreement/Order."
7. After the Effective Date, the Licensee may petition the Board for the termination of this Agreement and the removal of the "Restrictions by Agreement/Order" categorization of her nursing license status. The petition must be in writing and must include the following documentation of the Licensee's ability to practice nursing in a safe and competent manner, all to the Board's satisfaction:
 - a. Evidence of completion of all continuing education required by Board regulations for the two (2) renewal cycles immediately preceding the date on which the Licensee submits her petition ("Petition Date").
 - b. Evidence of successful completion of the following continuing education:
 - i. Six (6) contact hours of continuing education on the topic of "Legal and Ethical Aspects of Nursing."

³ Practice as an RN/NP includes, but is not limited to, seeking and/or accepting a paid or voluntary position as an RN/NP, or a paid or voluntary position requiring that the applicant hold a current RN/NP license. The Licensee further understands that if she accepts a voluntary or paid position as a RN/NP, or engages in any practice of nursing after the Effective Date and before the Board formally terminates this Agreement, evidence of such practice shall be grounds for the Board's referral of any such unlicensed practice to the appropriate law enforcement authorities for prosecution, as set forth in G.L. c. 112, §§ 65 and 80.

⁴ These continuing education courses must be *in addition to* any contact hours required for license renewal. They may be taken as home study or as correspondence courses, *provided that* they meet the requirements of Board Regulations at 244 CMR 5.00, Continuing Education.

- c. A performance evaluation sent directly to the Board from each of the Licensee's (non-nursing) employers, prepared on official letterhead, which reviews the Licensee's attendance, general reliability, and specific job performance during the year immediately prior to the Petition Date.⁵
 - d. Written verification sent directly to the Board from each of the Licensee's medical care providers, prepared within thirty (30) days of the Petition Date, stating that the Licensee is medically able to resume the safe and competent practice of nursing. The verification must meet the requirements set forth in **ATTACHMENT B1**.
 - e. A comprehensive *mental health evaluation* of the Licensee, conducted by a licensed, board certified psychiatrist and written on said provider's letterhead, prepared within thirty (30) days of the Petition Date and sent directly to the Board, which meets the requirements set forth in **ATTACHMENT B2**.
 - f. A comprehensive *neuropsychological evaluation* of the Licensee prepared within thirty (30) days of the Petition Date and sent directly to the Board.
 - g. Authorization for the Board to obtain a Criminal Offender Record Information (CORI) report of the Licensee conducted by the Massachusetts Department of Criminal Justice Information Services.
 - h. Certified documentation sent directly to the Board from the state board of nursing of each jurisdiction in which the Licensee has been licensed to practice as a nurse, other than Massachusetts, identifying her license status and discipline history, and verifying that her license is (or is eligible to be) in good standing and free of any restrictions or conditions.⁶
8. The Board may choose to terminate this Agreement and remove the "Restrictions by Agreement/Order" license status from the Licensee's nursing license if the Board determines that the Licensee has complied with all of the requirements in Paragraph 7 above *and* when the Board determines that such action is in the best interests of the public at large.
9. If and when the Board determines that the Licensee has complied, to the Board's satisfaction, with all the requirements contained in Paragraph 7, the Board shall send written notice to the Licensee that shall terminate the "Restrictions by

⁵ If the Licensee has not been employed during the year immediately prior to the Petition Date, she shall submit an affidavit to the Board so attesting.

⁶ If the Licensee has not been licensed to practice nursing in any jurisdiction other than Massachusetts, she shall submit an affidavit to the Board so attesting.

Agreement/Order.”⁷ The Licensee understands and agrees that her license may be placed on PROBATION commencing immediately upon the date of reinstatement, which will be specified in the Board’s notice of termination of the “Restrictions by Agreement/Order” and which will include requirements that the Board determines at the time of relicensure to be reasonably necessary in the best interests of the public health, safety and welfare.

10. If the Board receives credible information that the Licensee has failed to comply with the requirements in Paragraph 5 of this Agreement, or if the Board receives a “Subsequent Complaint,” the Board will immediately SUSPEND the Licensee’s Massachusetts nursing license, *a disciplinary action*, and give her written notification of such suspension.⁸
11. Any suspension of the Licensee’s nursing license under Paragraph 10 will continue for an indefinite time (“Suspension Period”), commencing upon the date the Board sent the Licensee written notice of suspension, as set forth in Paragraph 10.
12. After the commencement of said Suspension Period and when the Licensee can complete to the Board’s satisfaction all of the requirements set forth in Paragraph 7, the Licensee may petition the Board for reinstatement of her nursing license. As noted in Paragraph 7, the petition must be in writing and must include all of the documentation delineated in Paragraph 7.
13. The Licensee understands that she has a right to formal adjudicatory hearing concerning the allegations against her and that during said adjudicatory hearing she would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on her own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and to all other rights as set forth in the Massachusetts Administrative Procedures Act, G.L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Licensee further understands that by executing this Agreement she is knowingly and voluntarily waiving her right thereto.
14. The Licensee acknowledges that she has been at all times free to seek and use legal counsel in connection with the Complaint and this Agreement.
15. The Licensee acknowledges that after the Effective Date, the Agreement constitutes a public record subject to the Commonwealth of Massachusetts’ Public Records Law, G.L. c. 4, §7.

⁷ In all instances where this Agreement specifies written notice to the Licensee from the Board, such notice shall be sent to the Licensee’s address of record.

⁸ The term “Subsequent Complaint” applies to a complaint opened after the Effective Date of this Agreement which (1) alleges that the Licensee engaged in conduct that violates Board statutes or regulations and (2) is substantiated by evidence, as determined following the complaint investigation, during which time the Licensee will have an opportunity to respond.

16. The Licensee certifies that she has read this Agreement. The Licensee understands and agrees that entering into this Agreement is a final act and not subject to reconsideration, appeal or judicial review.

Karin Brodwin 1-26-15
Witness (sign and date)

Angela Boyle
Licensee (sign and date)

1/26/15

Witness (print name)

Rula Harb
Rula Harb, MSN, RN
Executive Director
Board of Registration in Nursing

February 5, 2015
Effective Date of Agreement Not to Practice

Fully Signed Agreement Sent to Licensee on February 5, 2015 by Certified Mail
No. 7014 0510 0001 0375 4804

Enc. B1 and B2

ATTACHMENT B1

Minimum requirements for medical evaluations to be submitted to the Board

Medical evaluation

A medical evaluation of the Licensee conducted by a licensed, board certified physician written on the physician's letterhead, sent directly to the Board by the physician and completed within thirty (30) days before submission of the petition for reinstatement or other submission to the Board. The evaluation shall state that the physician has reviewed this document and any Board Consent Agreement, Order, and/or other relevant documents, and that he or she has reviewed the specific details of the Licensee's underlying conduct alleged or otherwise described.

The evaluation shall provide a detailed, clinically based assessment of the Licensee and shall be completed in accordance with all accepted standards for such an evaluation. The purpose of the evaluation is to provide the Board with the physician's analysis of the following materials and his or her opinion as to whether the Licensee is able to practice nursing in a safe and competent manner. To be most useful to the Board, the evaluation should include, but not be limited to, the following:

- a. Record Review. A review of the Licensee's written or electronic medical and mental health records (for at least the preceding two years);
- b. Conversation(s) with Provider(s). Follow up conversations with any currently or recently treating primary care physicians or advanced practice nurses and any mental health providers;
- c. Review of Prescriptions. A list of all of the Licensee's prescribed medications with the medical necessity for each prescription; if there are or may be other prescribers than the evaluating physician then the evaluation should include a review of all of the Licensee's pharmacy records for the preceding two years;
- d. In-Person Interview(s). Medical (and mental health if pertinent) history obtained by the physician through in-person interviews with the Licensee, which are as extensive as needed for the physician to reach a clinical judgment;
- e. Detailed Statement of History. A detailed statement of the Licensee's medical (and mental health if pertinent) history including diagnoses, treatments and prognoses;
- f. Detailed Description(s) of Current Conditions. Detailed descriptions of the Licensee's existing medical conditions with the corresponding status, treatments and prognosis including, but not limited to, each condition, if

any, which gave rise to the conduct which is the subject of the Board's interest;

- g. Any Existing Limitations. A detailed description of any and all corresponding existing or continuing limitations of any kind;
- h. Ongoing Treatment Plan. Recommendations for the Licensee's on-going treatment and specific treatment plan, if any;
- i. Evaluating Physician's Opinion as to Safety and Competence. The physician's opinion as to whether the Licensee is presently able to practice nursing in a safe and competent manner (in light of all of the above); and
- j. Physician's C.V. A copy of the physician's curriculum vitae should be attached.

ATTACHMENT B 2

Minimum requirements for mental health evaluations to be submitted to the Board

Mental Health evaluation

A comprehensive mental health evaluation of the Licensee conducted by a licensed clinical psychologist (Ph.D or Psy.D or Ed.D) or a licensed, board certified psychiatrist written on said provider's letterhead, sent directly to the Board by the provider and completed within thirty (30) days before submission of the petition for reinstatement or other submission to the Board. The evaluation shall state that the provider has reviewed this document and any Board Consent Agreement, Order, and/or other relevant documents, and that he or she has reviewed the specific details of the Licensee's underlying conduct alleged or otherwise described.

The evaluation shall provide a detailed, clinically based assessment of the Licensee and shall be completed in accordance with all accepted standards for such an evaluation. The purpose of the evaluation is to provide the Board with the provider's analysis of the following materials and his or her opinion as to whether the Licensee is able to practice nursing in a safe and competent manner. To be most useful to the Board, the evaluation should include, but not be limited to, the following:

- a. Record Review. A review of the Licensee's written or electronic mental health records (for at least the preceding two years) (and medical records from the same time frame if pertinent);
- b. Conversation(s) with Provider(s). Follow up conversations with any currently or recently treating mental health providers (and primary care physicians or advanced practice nurses as relevant);
- c. Review of Prescriptions. A list of all of the Licensee's prescribed medications with the medical necessity for each prescription; if there are or may be other prescribers than the evaluating provider, then the evaluation should include a review of all of the Licensee's pharmacy records for the preceding two years;
- d. In-Person Interview(s). Mental health (and medical if pertinent) history obtained by the provider through in-person interviews with the Licensee, which are as extensive as needed for the provider to reach a clinical judgment;
- e. Detailed Statement of History. A detailed statement of the Licensee's mental health (and medical if pertinent) history including diagnoses, treatments and prognoses;
- f. Detailed Description(s) of Current Conditions. Detailed descriptions of the Licensee's existing mental health conditions with the corresponding status,

treatments and prognosis including, but not limited to, each condition, if any, which gave rise to the conduct which is the subject of the Board's interest;

- g. Specific Assessments. Assessments of the Licensee in each of the following areas:
 - i. Cognition status - orientation to time, place and person; ability to recognize and organize responsibilities accurately and to make accurate, appropriate decisions; critical thinking ability sufficient for appropriate clinical judgment; and ability to collect and analyze data to problem solve efficiently and accurately, and to identify cause and effect relationships accurately.
 - ii. Affective status- interpersonal skills sufficient to interact appropriately and honestly with individuals, families and groups; and ability to recognize and conform to lawful standards of social conduct.
 - iii. Ability to recognize the limits of professional boundaries and the risk that the Licensee will violate professional boundaries with patients.
 - iv. Ability to control her/his impulses; and the likelihood that she/he will repeat any of the conduct that gave rise to the Board's review of his/her safety and competency in nursing practice.
- h. Summary of Progress and/or Limitations. A summary of the progress Licensee has made in treatment and detailed description of any and all corresponding existing or continuing limitations of any kind;
- i. Ongoing Treatment Plan. Recommendations for the Licensee's on-going treatment and specific treatment plan, if any;
- j. Evaluating Physician's Opinion as to Safety and Competence. The provider's opinion as to whether the Licensee is presently able to practice nursing in a safe and competent manner (in light of all of the above); and
- k. Provider's C.V. A copy of the provider's curriculum vitae should be attached.


CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Non Disciplinary Consent Agreement Not to Practice Due to Medical Incapacity was served upon attorney for the Respondent, Angela Boyle:

Elaine Reall, Esq.
Reall, Lucentini & Lucentini LLP
20 Hampton Street, Suite 160
Northampton, MA 01060

by first class mail, postage prepaid, and by Certified Mail No. 7014 0510 0001 0375 4804

This 5th day of February, 2015.



Patricia M. Blackburn
Prosecuting Counsel